

FCC Form 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	330938	
<015>	Study Area Name	NORTHEAST TEL CO	
<020>	Program Year	2015	
<030>	Contact Name: Person USAC should contact with questions about this data	Jim Paulos	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9206177085 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	jim.paulos@nsight.com	

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<i>(check box when complete)</i>			
<100>	Service Quality Improvement Reporting <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200>	Outage Reporting (voice) <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300>	Unfulfilled Service Requests (voice) <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<310>	Detail on Attempts (voice)	<input type="checkbox"/>	<input type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband) <i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330>	Detail on Attempts (broadband)	<input type="checkbox"/>	<input type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed <i>(0.0)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile <i>(0.0)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440>	Fixed <i>(0.0)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450>	Mobile <i>(0.0)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance <i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations <i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice) <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710>	Company Price Offerings (broadband) <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800>	Operating Companies and Affiliates <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? <i>(if yes, complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000>	Voice Services Rate Comparability <i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	<i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)? <i>(if not, check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet	
<2000>	<i>(check to indicate certification)</i>
<2005>	<i>(complete attached worksheet)</i>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet	
<3000>	<i>(check to indicate certification)</i>
<3005>	<i>(complete attached worksheet)</i>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	330938
<015>	Study Area Name	NORTHEAST TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jim Paulos
<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177085 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.paulos@nslghc.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

330938W1100Northeast Tel.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<039>	Contact Email Address - Email address of person identified in data line <030>	jim.paulos@nsa.gov

[illegible]

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<010>	Study Area Code	330938
<015>	Study Area Name	NORTHEAST TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jim Paulos
<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177085 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.paulos@nsight.com
<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

[illegible]

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<010>	Study Area Code	330938
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<030>	Contact Name - Person USAC should contact regarding this data	Jim Paulos
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Jim.Paulos@insight.com

[illegible]

FCC Form 481
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July 2013

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
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July 2013

<010>	Study Area Code	330938
<015>	Study Area Name	NORTHEAST TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jim Paulos
<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177085 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Jim.Paulos@insight.com
<910>	Tribal Land(s) on which ETC Serves	Omeida Nation of Wisconsin

<920> Tribal Government Engagement Obligation

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

Name of Attached Document

330938W1920Northeast Tel.pat

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	330938
<015>	Study Area Name	NORTHEAST TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jim Paulson
<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177085 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.paulson@insight.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
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July 2013

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<015>	Study Area Name	NORTHEAST TEL. CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jim Paulos
<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177085 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.paulos@nslight.com

330938W1210Northeast Lifeline Doc.pdf

Name of Attached Document

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
<1220>	Link to Public Website	HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ET-Cs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481
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 July 2013

<010>	Study Area Code	330938
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<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jim Paulos
<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177085 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Jim.Paulos@tsl.net.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
Price Cap Carrier Connect America (CC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	<input type="checkbox"/>

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	330238
<015> Study Area Name	NORTHEAST TEL CO
<020> Program Year	2013
<030> Contact Name - Person USAC should contact regarding this data	Jim Paulos
<035> Contact Telephone Number - Number of person identified in data line <030>	920.617.7085 ext.
<039> Contact Email Address - Email address of person identified in data line <030>	jim.paulos@nctelco.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))
- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313(f)(1)(i), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))
- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) If yes, does your company file the RUS annual report
Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:
(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows
- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation
- (3018) If the response is no on line 3014, is your company audited?
If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains
(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications
(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows
(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.
If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:
(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.
(3023) Underlying information subjected to a review by an independent certified public accountant
(3024) Underlying information subjected to an officer certification.
(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows
(3026) Attach the worksheet listing required information

330238N133C0N0etHeast Tel.pdf
Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	330938
<015>	Study Area Name	NORTHEAST TEL CO
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<030>	Contact Name - Person USAC should contact regarding this data	Jim Paulos
<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177085 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.paulos@nsight.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: NORTHEAST TEL CO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/30/2014
Printed name of Authorized Officer: Mark Naze	
Title or position of Authorized Officer: CFO and Treasurer	
Telephone number of Authorized Officer: 9206177000 ext.	
Study Area Code of Reporting Carrier: 330938	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	330938	
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<020> Program Year	2015	
<030> Contact Name - Person USAC should contact regarding this data	Jim Paulos	
<035> Contact Telephone Number - Number of person identified in data line <030>	9206177085 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>	jim.paulos@nsight.com	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Study Area Code

Study Area Name
<015>

[illegible]

<030> Contact Name - Person USAC should contact regarding this data

Jim Pavlos

<035> Contact Telephone Number - Number of person identified in data line <030>	9206177085 ext.
---	-----------------

9206177085 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> jim.paulos@nsight.com

jim.paulos@insight.com

 <701> Residential Local Service Charge Effective Date |

<702> Single State-wide Residential Local Service Charge

<703>

[illegible]

**(710) Broadband Price Offerings
Data Collection Form**

FCC Form 481
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July 2013

<010>	Study Area Code	330938
<015>	Study Area Name	NORTHEAST TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jim Paulios
<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177085 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Jim.Paulios@bright.com

<711>																	
<a1>		<a2>		<b1>		<b2>		<c>		<d1>		<d2>		<d3>		<d4>	
State	Exchange (LEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)									
WI	Pulaski	31.0	0.0	31.0	6.0	1.0	0.0	Other, No limit on usage									
WI	Pulaski	34.0	0.0	34.0	10.0	1.0	0.0	Other, No limit on usage									
WI	Pulaski	44.0	0.0	44.0	15.0	1.0	0.0	Other, No limit on usage									
WI	Pulaski	59.0	0.0	59.0	20.0	1.0	0.0	Other, No limit on usage									
WI	Pulaski	64.0	0.0	64.0	30.0	1.0	0.0	Other, No limit on usage									
WI	Pulaski	69.0	0.0	69.0	40.0	1.0	0.0	Other, No limit on usage									
WI	Mill Center	31.0	0.0	31.0	6.0	1.0	0.0	Other, No limit on usage									
WI	Mill Center	34.0	0.0	34.0	10.0	1.0	0.0	Other, No limit on usage									
WI	Mill Center	44.0	0.0	44.0	15.0	1.0	0.0	Other, No limit on usage									
WI	Mill Center	59.0	0.0	59.0	20.0	1.0	0.0	Other, No limit on usage									
WI	Mill Center	64.0	0.0	64.0	30.0	1.0	0.0	Other, No limit on usage									
WI	Mill Center	69.0	0.0	69.0	40.0	1.0	0.0	Other, No limit on usage									
WI	Oneida	31.0	0.0	31.0	6.0	1.0	0.0	Other, No limit on usage									
WI	Oneida	34.0	0.0	34.0	10.0	1.0	0.0	Other, No limit on usage									
WI	Oneida	44.0	0.0	44.0	15.0	1.0	0.0	Other, No limit on usage									
WI	Oneida	59.0	0.0	59.0	20.0	1.0	0.0	Other, No limit on usage									
WI	Oneida	64.0	0.0	64.0	30.0	1.0	0.0	Other, No limit on usage									
WI	Oneida	69.0	0.0	69.0	40.0	1.0	0.0	Other, No limit on usage									
WI	Krakow	31.0	0.0	31.0	6.0	1.0	0.0	Other, No limit on usage									
WI	Krakow	34.0	0.0	34.0	10.0	1.0	0.0	Other, No limit on usage									
WI	Krakow	44.0	0.0	44.0	15.0	1.0	0.0	Other, No limit on usage									

[illegible]

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<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177085 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Jim.Paulos@nsaflight.com
<810>	Reporting Carrier	Northeast Telephone Company, LLC
<811>	Holding Company	Northeast Communications of Wisconsin, Inc.
<812>	Operating Company	

[illegible]

FCC FORM 481 – LINE 112

FIVE YEAR SERVICE QUALITY IMPROVEMENT PLAN

NORTHEAST TELEPHONE COMPANY

SAC 330938

ATTACHMENT REDACTED IN ITS ENTIRETY

SAC: 330938
State: Wisconsin

Form 481 Line No.: 510 Compliance with Service Quality Standards and Consumer Protection

As required by the Wisconsin Public Service Commission (PSC) Chapter 165 Rules, the local services provided by Northeast Telephone Company, LLC_ are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable Wisconsin PSC orders and rules including:

**WI Chapter PSC 165
STANDARDS FOR TELECOMMUNICATIONS SERVICE**

165.010	General.	165.066	Protection of utility facilities.
165.020	Definitions.	165.067	Interference with public service structures.
165.031	Retention of records.	165.070	Provision for testing.
165.032	Schedules to be filed with the commission.	165.071	Meter and recording equipment test facilities.
165.033	Exchange area boundaries.	165.072	Accuracy requirements.
165.034	Utility accidents and interruptions.	165.073	Initial test.
165.040	Meter reading records.	165.074	As-found tests.
165.041	Meter reading interval.	165.075	Routine tests.
165.042	Billing recording equipment.	165.076	Request tests.
165.043	Information available to customers.	165.077	Referee tests.
165.050	Customer billing.	165.078	Test records.
165.051	Deposits.	165.082	Traffic and operator rules.
165.052	Disconnection and refusal of service.	165.083	Answering time objectives.
165.0525	Deferred payment agreement.	165.084	Dial service objectives.
165.053	Customer complaints.	165.085	Interoffice trunks.
165.0535	Dispute procedures.	165.086	Transmission requirements.
165.054	Held applications.	165.087	Minimum transmission objectives.
165.055	Directories.	165.088	Public telephone service.
165.060	Construction.	165.089	Interruptions of service.
165.061	Maintenance of plant and equipment.	165.090	Protective measures.
165.062	Line fills.	165.091	Safety program.
165.063	Central office equipment.		
165.064	Interconnection service standards.		
165.065	Emergency operation.		

SAC: 330938
State: Wisconsin

Form 481 Line No: 610 Description of Functionality in Emergency Situations

Northeast Telephone Company, LLC _____ pursuant to Wisconsin Public Service Commission rule "165.065 Emergency Operation" has:

- Established reasonable provisions to meet emergencies resulting from national security requirements, failures of lighting or power service, sudden and prolonged increases in traffic, illness or personnel, or from fire, storm, or similar emergencies. These provisions meet or exceed the rule requirement to provide:
 - Back up battery service in each central office.
 - Mobile power units that can be delivered on short notice and can be readily connected in offices without installed emergency power facilities.
- Informed employees as to procedures to be followed in the event of an emergency in order to prevent or mitigate interruption or impairment of telecommunications service, including rerouting of traffic around damaged facilities and the deployment of emergency power.

Line 920 – Tribal Government Engagement Obligation

Pursuant to the Federal Communications Commission’s rules¹, in calendar year 2013, Northeast Telephone Company, LLC (Nsight) initiated discussions with the Tribal governments for Tribal entities whose boundaries are within Nsight’s study area. Those engagement efforts addressed the following information:

- (a) Assessing communications needs, including the needs of key community anchor institutions;
- (b) Assessing the feasibility and sustainability of network investments;
- (c) Marketing services in an appropriate and effective manner;
- (d) Obtaining rights of way, land use permitting, facilities sighting and obtaining environmental and cultural preservation assessments and approvals; and
- (e) Complying with local business and licensing requirements.

Nsight did receive a response during calendar year 2012 but nothing definitive was set up.

This certification should not be interpreted as Nsight making any representations, express or implied, regarding compliance with any Tribal laws or regulations. That is outside the scope of this filing and this certification.

¹ *Connect America Fund*, Report and Order and Further Notice of Proposed Rulemaking, WC Docket No. 10-90, FCC 11-161, ¶ 604 (rel. Nov. 18, 2011) (“*Order*”).

LINE 1010 – VOICE SERVICES RATE COMPARABILITY

The Wireline Competition Bureau's most recent reasonable comparability benchmark for voice services is \$46.96, which includes the federal subscriber line charge ("SLC").

In the exchanges served by the Northeast Telephone Company, LLC the single-line residential local rate, including any mandatory extended area service charge, federal SLC (\$6.50) and other state fees are included, the rates range from \$20.77 and \$21.27 . Therefore, the Company's pricing of fixed voice services is less than the reasonable comparability benchmark of \$46.96.

SAC: 330930
State: Wisconsin

Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

- Northeast Telephone offers Lifeline Service credit according to basic service requirements listed in Wisconsin Administrative Code 160.03 and 160.04:

PSC 160.03 Essential telecommunications services.

- 1) Each local exchange service provider shall make available to all its customers at affordable prices all essential telecommunications services.
- 2) "Essential telecommunications services" means all the following:
 - (a) Single-party voice-grade service with:
 1. Line quality capable of facsimile transmission.
 2. Line quality capable of data transmission as specified in s.PSC 160.031.
 3. Dual-tone multi-frequency touch tone and rotary pulse dialing operability.
 4. Access to emergency services numbers and 9-1-1 operability where requested by local authorities.
 5. Equal access to interlata interexchange carriers subject to federal communications commission orders and rules.
 6. Equal access to intralata interexchange carriers pursuant to schedules, terms and conditions imposed by commission orders and rules.
 7. Single party revertive calling, if 2 or more pieces of customer premises equipment can be simultaneously active on the line or channel being used by the customer.
 8. A reasonably adequate number of calls within a reasonably adequate local calling area as defined by the commission.
 9. Connectivity with all public toll, local, wireline and wireless networks, and with various internet service providers.
 10. Telecommunications relay service to facilitate communication between teletypewriter users and non-teletypewriter users.
 11. Access to operator service.
 12. Access to directory assistance.
 13. Toll blocking, 900 and 976 number blocking and extended community calling blocking options as specified in s.PSC 160.04.
 14. Intercept and announcements for vacant, changed, suspended and disconnected numbers in oral and TTY-readable formats.
 15. A directory listing with the option for non-listed and non-published service.
 - (b) Annual distribution of a local telephone directory in accordance with s.PSC 165.955.
 - (c) Timely repair.

PSC 160.04 Toll blocking.

- (1) **BLOCKING OBLIGATIONS.** Every local exchange service provider in the state shall offer the capability to block all long distance calls and, separately, the capability to block 900 and 976 number calls and the capability to block extended community calling unless a timely waiver has been granted to the local exchange service provider by the commission.

SAC: 330938
State: Wisconsin

Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

(2) CHARGES. Blocking shall be without monthly or nonrecurring charge to low-income customers and at no charge other than for second and subsequent service activation orders for other residential and standard business line customers.

(3) EMERGENCY SERVICE. Blocking shall not prevent the customer from reaching the emergency service numbers appropriate for the customer's location.

- Northeast Telephone Lifeline service offerings are listed in their Local Service Tariff Section II, Sheet 1A - 1E (attached).
- The Local Service Tariff is on file with the Wisconsin Public Service Commission.
- All Lifeline subscribers must meet the terms and conditions of Federal Lifeline Eligibility Rules.

Northeast Telephone does adhere to all Federal Lifeline eligibility rules and regulations as well as Wisconsin Administrative Code "Chapter PSC 160" which states:

PSC 160.02 Definitions.

- 8) "Low-income" means a household that receives benefits from one or more of the following programs:
- (a) Wisconsin Works
 - (b) Medical Assistance
 - (c) Supplemental security income
 - (d) Food stamps
 - (e) The low income household energy assistance program
 - (f) The Wisconsin homestead tax credit
 - (g) Badger care
 - (h) As approved by the commission, other state or federally administered programs for households with income levels equal to or less than 200% of the poverty line.

PSC 160.06 Eligibility for low-income programs.

- (1) LOW-INCOME ASSISTANCE ELIGIBILITY. Local exchange service providers shall verify an applicant's eligibility for low-income assistance programs by making timely queries of the applicable databases of the Wisconsin department of workforce development, the Wisconsin department of revenue, or other state agencies. Applicant eligibility shall be verified by finding the applicant to be any of the following:
- (a) An active client of at least one of the programs listed in s. PSC 160.02(8).
 - (b) A member of the active client's household whose low income qualifies the client for benefits under at least one of the programs listed in s. PSC 160.02(8).
 - (c) A recipient of the Wisconsin homestead tax credit for the most recently completed tax year. If the applicant's tax filing for the most recently completed tax year has not been posted to the records of the Wisconsin department of revenue and if application for low-income assistance is made on or before June 30th, then the tax year prior to the most recently completed tax year may be used to determine eligibility.

SAC: _____
State: Wisconsin

Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

- (2) **ELIGIBILITY RECONFIRMATION.** Eligibility shall be reconfirmed on at least an annual basis for all customers receiving lifeline assistance.
- (3) **ELIGIBILITY INQUIRY.** Local exchange service providers shall inquire of the customer regarding eligibility of that customer for low-income programs on each order for initial or moved residential service and, orally or in writing, in the first contact with a customer during a year concerning disconnection or payment arrangements.
- (4) **QUERY AUTHORIZATION.** Local exchange service providers shall comply with client authorization requirements of the Wisconsin department of workforce development, the Wisconsin department of revenue, or other state agencies for database queries necessary for eligibility verification. Customers shall complete and remit any reasonably required query authorization forms or forfeit eligibility.
- (5) **EXCEPTIONS.** Lifeline and Link-Up programs are not available to customers who are dependents for federal income tax purposes as defined in 26 USC 152 (1986), unless the customer is more than 60 years of age.

PSC 160.062 Lifeline program.

- (1) All local exchange service providers shall offer a lifeline monthly rate to all qualified low-income customers.
- (2)
 - (a) The lifeline monthly rate includes single-party residential service, touch-tone service, any 9-1-1 charges billed on the telephone bill, the federal subscriber line charge and 120 local calls, excluding extended community calling calls.
 - (b) The lifeline monthly rate shall be the total of the residential monthly rates for the items in par. (a) minus \$7 or, if the total of the monthly residential rates for the items in par. (a) is greater than \$22, the lifeline monthly rate shall be \$15.
 - (c) Notwithstanding par. (b), in no case shall the lifeline monthly rate be less than \$3 or more than \$15.
- (3) The lifeline monthly rate may appear as a credit against the full standard tariffed rate on a customer's bill or as a special rate designation. Whenever possible, the lifeline rate shall begin to appear on an eligible customer's bill on the next bill date following the date of application for lifeline assistance. If the rate does not begin to appear on the next bill date, when it does appear back credit will be given. In cases where a customer's eligibility date as found in the records of the Wisconsin department of workforce development, the Wisconsin department of revenue, or other state agencies precedes the last bill date prior to application, credit shall also be given for one month's prior bill.
- (4)
 - (a) Eligibility for lifeline assistance continues until the next bill date following a failure to meet eligibility requirements.
 - (b) When the low income household energy assistance program is one of the customer's qualifying income assistance programs, the eligibility for lifeline assistance shall continue until the bill date in the next December following the close of the heating season. At that time, lack of eligibility shall be re-verified by the local exchange service provider before removing the lifeline assistance from the customer's bill.

SAC: _____
 State: Wisconsin

Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

- (c) When the homestead tax credit is one of the customer's qualifying income assistance programs, the eligibility for lifeline assistance continues until the bill date in the next June following the end of the tax year. At that time, lack of eligibility shall be re-verified by the local exchange service provider before removing the lifeline assistance from the customer's bill.
- (5) Local exchange service providers may receive reimbursement from the universal service fund for 100% of that portion of the standard authorized rate for service which is in excess of the amount of the lifeline monthly rate which is eligible for reimbursement from federal lifeline program funds.
- (6) Customers eligible for lifeline or link-up America assistance may not be charged a deposit for service if they voluntarily accept toll blocking, may not be requested to pay in advance for more than one month's local service bill, and may not be disconnected from local service for nonpayment of toll charges billed by the local exchange service provider. Customers that otherwise would be subject to disconnection may be counseled to accept toll blocking.
- (7) A local exchange service provider acting under the limited conditions specified in its commission approved telecommunications customer assistance program under s. PSC 160.08 may impose toll blocking or restriction on lifeline customers.

PSC 160.063 Outreach for low-income assistance programs.

- (1) Funding shall be available to fund collaborative partnerships between community-based organizations and telecommunications providers to increase participation of the eligible populations in the universal service fund low-income support programs.
- (2) Funding from the universal service fund for these collaborative efforts shall not exceed \$250,000 in one year.
- (3) The commission shall annually review and grant funding based on complete responses to a request for proposals. Funding shall be limited to not more than 6 projects with at least one project focused statewide and one project focused on the Milwaukee area, if feasible.
- (4) The commission shall contract for an evaluation of the effectiveness of this program in promoting enrollment in low-income programs and subscribership to telephone service to be completed within 2 years of May 1, 2000. The cost of this evaluation shall not exceed \$25,000. This \$25,000 shall be included as part of the \$250,000 maximum total funding available under this section during the year in which the evaluation occurs.

PSC 160.08 Telecommunications customer assistance program.

The commission may authorize individual telecommunications providers to establish telecommunications customer assistance programs that meet authorized goals and objectives for increasing or stabilizing subscription levels for non-optional, essential telephone service within its service territory or to address avoidance of disconnection or limitation of service to low-income households with payment problems. Such programs may allow a provider to not make available certain essential services, as defined in s. PSC 160.03(2), in order to preserve at least minimal telephone service to certain low-income households with payment problems. The commission shall determine on a case-by-case basis whether or not a telecommunications customer assistance program may receive universal service fund monies.

Form 10 Rate

PUBLIC SERVICE COMMISSION OF WISCONSIN
TELEPHONE RATE FILE

NORTHEAST TELEPHONE COMPANY

Name of Utility

Exchange ALL

Section No. II

Sheet No. 1A

Amendment No. 103

LIFELINE SERVICE

LIFELINE SERVICE

A. DESCRIPTION

1. Lifeline Service is a residence service offering that provides a discounted monthly rate to customers who qualify for low income assistance programs as defined in s. PSC 160.02(8), Wis Adm. Code.
2. Lifeline Service provides a monthly discount to eligible residence customers that have a network access line (including Extended Area Service), touch-tone service, 911 Service (billed on the customer's telephone bill), and the End User Common Line Charge (EUCL). If the customer has measured service, 120 local calls are provided. Extended Community Calling (ECC) Service is not included in Lifeline Service.
3. Lifeline Service monthly rates for residence customers are established according to s. PSC 160.062(1), (2) and (3), Wis Adm. Code.

B. REGULATIONS

1. Lifeline Service is only available for residence customers with a single line network access line.
2. Lifeline Service is not available to customers who are dependents for federal income tax purposes as defined in 26 USC 152 (1986), unless the customer is more than 60 years old.
3. Lifeline Service customers must complete and remit any required query authorization forms requested by the Company or forfeit eligibility for Lifeline Service.

(C)
—
(C)

Issued _____ Applicable to bills rendered on and after 1-1-98

PSCW Authorization by order No. _____

Letter _____

Form 10 Rate

PUBLIC SERVICE COMMISSION OF WISCONSIN
TELEPHONE RATE FILE

NORTHEAST TELEPHONE COMPANY

Name of Utility

Exchange	ALL
Section No.	II
Sheet No.	1B
Amendment No.	103

LIFELINE SERVICE

LIFELINE SERVICE (Cont'd)

B. REGULATIONS (Cont'd)

4. Eligibility for Lifeline Service must be verified by the Company by finding the Social Security Number and name of the listed customer in active records of the Department of Workforce Development or the Wisconsin Department of Revenue.
5. Reconfirmation of Eligibility for Lifeline Service
 - a. Reconfirmation of eligibility for Lifeline Service will be done at least once each year.
 - b. If a customer cannot reconfirm eligibility for Lifeline Service, eligibility will continue until the next bill date following failure to meet the eligibility requirements.
 - c. When the Low Income Household Energy Assistance Program is one of the customer's qualifying low income assistance programs, the eligibility for Lifeline Service shall continue until the bill date in the next December following the close of the heating season. At that time, if eligibility cannot be re-verified by the Company Lifeline Service will be removed from the customers bill.
 - d. When the Wisconsin Homestead Tax Credit is one of the customer's qualifying low income assistance programs, the eligibility for Lifeline Service shall continue until the bill date in the next June following the end of the tax year. At that time, if eligibility cannot be re-verified by the Company Lifeline Service will be removed from the customers bill.

(C)

Issued _____ Applicable to bills rendered on and after 1-1-98

PSCW Authorization by order No. _____

Letter _____

Form 10 Rate

PUBLIC SERVICE COMMISSION OF WISCONSIN
TELEPHONE RATE FILE

NORTHEAST TELEPHONE COMPANY

Name of Utility

Exchange ALL

Section No. II

Sheet No. IC

Amendment No. _____

LIFELINE SERVICE

LIFELINE SERVICE (Cont'd)

B. REGULATIONS (Cont'd)

5. Reconfirmation of Eligibility for Lifeline Service (Cont'd)
 - e. Eligibility confirmation through receipt of the Wisconsin Homestead Tax Credit will not become effective until the date set by the Commission upon its acknowledgment that an acceptable data base query process is in place.
6. Lifeline Service will appear as a credit or rate reduction on the customer's bill on the next bill date following the date the customer applied for Lifeline Service. When the customer's eligibility precedes the previous bill, credit will also be given on one month's prior bill.
7. Vacant

(D)

(D)

Issued _____ Applicable to bills rendered on and after _____

PSCW Authorization by order No. _____

Letter _____

Form 10 Rate

PUBLIC SERVICE COMMISSION OF WISCONSIN
TELEPHONE RATE FILE

NORTHEAST TELEPHONE COMPANY

Name of Utility

Exchange ALL

Section No. II

Sheet No. 1D

Amendment No. 103

LIFELINE SERVICE

LIFELINE SERVICE (Cont'd)

B. REGULATIONS (Cont'd)

8. A Lifeline Service customer cannot be disconnected for the non-payment of toll charges.
9. If Call Blocking Service is available and the customer has elected Call Blocking Service, a Service Deposit cannot be collected to establish Lifeline Service. If Call Blocking Service is not available, the Company may require a Service Deposit to establish Lifeline Service.

(N)

(N)

Issued _____ Applicable to bills rendered on and after 1-1-98

PSCW Authorization by order No. _____

Letter _____

Form 10 Rate

PUBLIC SERVICE COMMISSION OF WISCONSIN
TELEPHONE RATE FILE

NORTHEAST TELEPHONE COMPANY

Name of Utility

Exchange ALL

Section No. II

Sheet No. 1E

Amendment No. _____

LIFELINE SERVICE

LIFELINE SERVICE (Cont'd)

C. RATES AND CHARGES

The applicable monthly rate for Lifeline Service is determined by the sum of the rates for the services specified in 1. following and applying a credit based on the sum of the credits as specified in 2. following.

1. Lifeline Service

Residence Network Access Line (including EAS) at the rate specified elsewhere in this tariff.

Touch Calling Service (if applicable) at the rate specified elsewhere in this tariff.

911 Service (if billed on the Customer's telephone number) at the rate specified elsewhere in this tariff.

End User Common Line (EUCL) Charge.

2. Lifeline Service Credits

End User Common Line Charge (EUCL) as specified in the NECA Tariff.

Federal Lifeline support credit as specified by the Federal Communications Commission (FCC) for Universal Service Support for Low-Income Consumers.

3. Lifeline Service monthly credit.

The Lifeline Service monthly credit is \$10.00.

(I)

Issued 7-1-03 Applicable to bills rendered on and after 7-1-03

PSCW Authorization by order No. _____

Letter _____



Application for Lifeline Service Assistance Program

SECTION 1 - APPLICANT (Please Print)

Name: _____
(Qualified Individual-Last Name) (First Name) (Middle Initial)

Billing Address: _____
(May contain a P.O. Box) (City) (State) (Zip)

Residence Address: _____
(Street address is required for Lifeline verification) (Apt. # or Unit #)

Address: _____
(City) (State) (Zip) (County)

Place of Employment: _____
(Name) (Length of Employment)

Employer's Address: _____
(Street) (City)

Social Security # or Tribal I.D.: _____ Date of Birth (MM/DD/YYYY): ____ / ____ / ____

Phone number (If existing service) or for messages: (____) _____

☐ Select if your address is temporary.

☐ My residence address is located on federally-recognized Tribal lands.

☐ Yes
☐ No

SECTION 2 - ELIGIBILITY FOR LIFELINE ASSISTANCE (CHECK ALL THAT APPLY)

- 1.) I am applying for: ☐ Lifeline Credit Program
- 2.) I am currently eligible to receive benefits from one or more of the following public assistance program(s):
- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Badger Care | <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Medicaid* |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Supplemental Nutrition* | |
| <input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> Wisconsin Homestead Tax Credit* | |
| <input type="checkbox"/> Medical Assistance (MA) | <input type="checkbox"/> Wisconsin Works* | |
| <input type="checkbox"/> Bureau of Indian Affairs General Assistance* | <input type="checkbox"/> Temporary Assistance for Needy Families* | |
| <input type="checkbox"/> Head Start (must satisfy income qualifying standard)* | <input type="checkbox"/> Tribally Administered Temporary Assistance for Needy Families (TANF)* | |
| <input type="checkbox"/> National School Lunch Program's Free Lunch Program* | <input type="checkbox"/> Federal Public Housing Assistance (Section 8)* | |

OR

- ☐ My total household income is at or below 135% of the Federal Poverty Guidelines.*
- _____ Number of people in household

135% OF THE FEDERAL POVERTY GUIDELINES - 2012	
Persons in Family or Household	48 Contiguous States and D.C.
1	\$15,080
2	\$20,426
3	\$25,772
4	\$31,118
5	\$36,464
6	\$41,810
7	\$47,156
8	\$52,502
For Each Additional Person Add	\$5,346

INTERNAL USE ONLY

Eligible: YES or NO

Date Confirmed: _____

Date Assigned: _____

Personnel: _____

_____ (Must Initial)

*Requires documentation proof of participation in program at time of application.

SECTION 3 - APPLICANT CERTIFICATION AND AGREEMENT

I ALSO HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT:

- ☐ I acknowledge that Lifeline is a federal government benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- ☐ I acknowledge that only one Lifeline service is available per household, and that, to the best of my knowledge, no other person in my household is receiving a Lifeline service. (For purposes of Lifeline, a "household" is any individual or group of individuals who live together at the same address and share income and expenses.)
- ☐ I acknowledge that a household is not permitted to receive Lifeline benefits from multiple providers and that violation of this limitation constitutes a violation of the rules of the Federal Communications Commission and will result in de-enrollment from the Lifeline program. If I am participating in another Lifeline program at the time I apply for Nsight Telservices Lifeline service.
- ☐ I agree to cancel that Lifeline service with any other provider.
- ☐ I acknowledge that Lifeline is non-transferable and that I may not transfer my benefit to any other person.
- ☐ I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
- ☐ I will notify Nsight Telservices within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline services, such as no longer participating in any of the qualifying programs, or if I or a member of my household receives another Lifeline benefit.
- ☐ I acknowledge that I may be required to re-certify to my continued eligibility for Lifeline at any time, and that my failure to re-certify will result in de-enrollment and termination of my Lifeline benefits.
- ☐ If I move to a new address, I will provide the new address to Nsight Telservices within 30 days.
- ☐ If I provided a temporary address, I will be required to verify my temporary address every 90 days. If I do not provide verification within 30 days, I will be de-enrolled from the Lifeline program.
- ☐ I acknowledge I meet the income-based or program-based eligibility criteria for receiving Lifeline.
- ☐ I acknowledge that I qualify for Lifeline as an eligible resident of Tribal lands, living on Tribal lands.
- ☐ I acknowledge the information contained in this application is true and correct to the best of my knowledge

(Must initial)

I ACKNOWLEDGE THAT IN ORDER TO CONTINUE RECEIVING A REDUCED CALLING PLAN ON THE LIFELINE PROGRAM, I AM RESPONSIBLE FOR PAYING ALL MONTHLY ACCESS CHARGES AND FEES INCURRED DURING EACH BILLING PERIOD.

I UNDERSTAND COMPLETION OF THIS APPLICATION DOES NOT CONSTITUTE IMMEDIATE ACCEPTANCE INTO THIS PROGRAM. I AUTHORIZE NSIGHT TELSERVICES OR ITS DULY APPOINTED REPRESENTATIVE TO ACCESS ANY RECORDS NECESSARY TO VERIFY THESE STATEMENTS TO CONFIRM MY CONTINUED PARTICIPATION IN THE ABOVE PROGRAMS. I AUTHORIZE REPRESENTATIVES OF THE ABOVE PROGRAMS, IF REQUESTED, TO DISCUSS WITH AND/OR PROVIDE COPIES TO NSIGHT TELSERVICES TO VERIFY MY PARTICIPATION IN THE ABOVE PROGRAMS AND ELIGIBILITY FOR LIFELINE OR LINK-UP SERVICE. I FURTHER AGREE UPON REQUEST FROM NSIGHT TELSERVICES TO PROVIDE DOCUMENTATION OF ELIGIBILITY.

I CERTIFY UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED IS TRUE AND CORRECT, AND I AGREE TO COMPLY WITH ALL REQUIREMENTS OF THE LIFELINE ASSISTANCE PROGRAMS.

Printed Name: _____

Applicant's Signature: _____

Date: ____ / ____ / ____

Please return application to:

Nsight Telservices Lifeline Program
2711 E. Frontage Rd.
Abrams, WI 54101

or take your completed application to our Abrams or Pulaski office location nearest you.

FCC FORM 481 – LINE 3026

NORTHEAST TELEPHONE COMPANY

SAC 330938

ATTACHMENT REDACTED IN ITS ENTIRETY